

American Optometric Association NEWS



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No. 10



Arol Augsburger, O.D., representing the Association of Schools and Colleges of Optometry, describes a proposed model for board certification of optometry at a meeting of state and affiliated optometric association leaders Jan. 23 in St. Louis. At right is **Mike Horstman**, chair of the International Association of Optometric Executives, who moderated the discussion. Members of the Joint Board Certification Project Team on stage are, from left, **Randolph Brooks, O.D., (AOA)**; **David Cockrell, O.D., (AOA)**; **Larry Davis, O.D., (Association of Schools and Colleges of Optometry)**; **Christina Sorenson, O.D., (Association of Regulatory Boards of Optometry)**; **Donovan Crouch, O.D., (National Board of Examiners in Optometry)**; **Jack Terry, O.D., Ph.D., (NBEO)**; **Thomas Lewis, O.D., Ph.D., (American Academy of Optometry)**; **Mary Jo Stiegemeier, O.D., (AAO)**, **Mary Phillips, O.D., (American Optometric Student Association)** and **Christopher Wolfe, O.D., (AOSA)**. Not pictured is **William Rafferty, O.D.,** representing ARBO.

State leaders consider board certification model

The Joint Board Certification Project Team (JBCPT), formed by six optometric organizations in 2007, released a model framework for a board certification process for optometry and began presenting it to leaders within the profession.

The first presentation, to state and affiliate optometric association leaders in St. Louis, included two hours of questions and answers.

At the core of the initial board certification program will be a Patient Assessment

and Management-like examination that tests knowledge in core categories.

Beginning this month, members of the AOA, American Academy of Optometry (AAO), the American Optometric Student Association (AOSA), the Association of Regulatory Boards of Optometry (ARBO), the Association of Schools and Colleges of Optometry (ASCO) and the National Board of Examiners in Optometry (NBEO) will be briefed on details of the model framework by repre-

sentatives from the project team.

AOA representative to the JBCPT David A. Cockrell, O.D., noted, "For 18 months, the Joint Board Certification Project Team researched other professional health certification

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Emilio Balius, O.D., president-elect of the Florida Optometric Association, asks a question during the presentation on board certification.



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CEO'S COLUMN

ReCreating Perfect Vision®

It may come as a shock to see my picture here where the President's Column usually resides each issue. Don't be fooled, I have not staged a coup of the leadership of the AOA! I have been generously given the opportunity to introduce myself and Shamir, the company I represent, as the newest member of the AOA Ophthalmic Council and a proud, contributing member of the optical industry. In the coming months, you will be exposed to the many facets of Shamir through our partnership with the AOA. We believe that it has never been more important for OD's to understand the technological advancements that have taken place with progressive lens technology; specifically Shamir technology. This understanding ultimately translates into a better overall patient experience. So, while I have this platform, I'd like to briefly share some of our story with you.

It has always been our objective and priority to provide our customers with three key elements: cutting-edge progressive lens technology at any given time, superior customer care, and the best educational programs available for the optical market. Since our founding in Israel in the 1970's, Shamir has introduced a wealth of progressive addition lenses integrated with advanced technological design elements. All of our lens designs start with

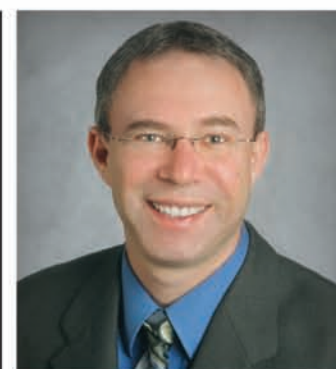
our patented EyePoint Technology®, a software program that simulates the movement of the human eye in every angle and distance, delivering lenses with uncompromised visual acuity. From our first breakthrough, Shamir Genesis™, which topped independent analyst studies, to one of our latest designs, Shamir Creation®, which recently won the OLA's Award of Excellence for Best Lens Design, EyePoint Technology® is "the design inside" each one of our lenses and what we believe puts Shamir lenses in a class all their own.

in technologies. As-Worn Technology™ fine-tunes a patient's Rx by calculating three distinct measurements into the design (vertex distance, pantoscopic tilt and panoramic angle). FreeFrame Technology™ provides an even better visual experience by taking the patient's frame choice into account to adjust the design of the lens to match the frame fitting and height. Both As-Worn Technology™ and Freeframe Technology™ are advancements that only a true R&D company like Shamir can make, which we believe takes Freeform® lenses to the next level.

"...it has never been more important for OD's to understand the technological advancements that have taken place with progressive lens technology; specifically Shamir technology. This understanding ultimately translates into a better overall patient experience."

Most recently, however, the talk of the industry has been Shamir's ultimate design: our Freeform® lens known as Shamir Autograph®. Branded as "Your Personal Lifestyle Lens™", this family of individually back-surface-designed lenses includes the patient's personal attributes in each lens, truly providing the most customized PAL on the market today. Last year we introduced Shamir Autograph II®, with two exciting new built-

When it comes to the field, we're also making large advancements. We hire account executives who have strong optical backgrounds and put them through extensive training in both EyePoint Technology® and Shamir's Core Values (SCV). With the help of our 300 partnering labs we work together to raise industry awareness of progressive, occupational and specialized lenses. We are proud of our



Raanan Naftalovich

industry-leading Freeform® Certification Program which educates eye care professionals like you with the technology used in the creation of our patient-specific line of premium progressive lenses. To date, we have certified over 4,000 participants in close to 1,000 practices. The industry is obviously eager to learn more about how their patients will benefit from Freeform® and we are more than willing to assist.

In short, we strive everyday to live up to our motto of ReCreating Perfect Vision®. It's a vision we share with you. The optical industry is constantly changing and we would like nothing more than to assist you and your practice in understanding how to stay on top with technology. I look forward to the chance to do just that in the months and years to come.

Raanan Naftalovich, CEO
Shamir Insight, Inc.

Shamir Insight, Inc., is a fully owned subsidiary of Shamir Optical Industry, Ltd., an Israel-based, public company (NASDAQ: SHMR), which is engaged in the development, design and manufacture of premium progressive lenses and molds for the ophthalmic industry. Serving as the Sales & Marketing center for the USA, Canada, Central/South America and Mexico, Shamir Insight specializes in the marketing of premium progressive lenses under product brand names such as Shamir Autograph®, Shamir Creation®, Shamir Piccolo®, Shamir Attitude®, Shamir Genesis™ and Shamir Office™, the industry's leading occupational lens. Exclusively designed with proprietary, patented EyePoint Technology®, a groundbreaking software program that utilizes ray-tracing to compute optical properties and simulate human vision, this extensive product line is distributed through a network of over 300 Shamir ReCreating Perfect Vision® partnering optical laboratories. Shamir Insight employs a large national sales force of Account Executives, many of whom are ABO-accredited educators who speak on a variety of optical topics to Eye Care Professionals. Shamir Insight is a member of Vision Council of America (VCA) and the Optical Laboratories Association (OLA) and supports VCA's Check Yearly See Clearly® program. The company was established in 1997 and is headquartered in San Diego, CA.



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PRESIDENT'S COLUMN

Priceless

- ❖ A new color, cut and hair-style: \$150
- ❖ A trip to the dentist for teeth whitening: \$499
- ❖ The VALUE we as optometrists provide to our patients every day: PRICELESS!

Last week, as I retold the story of "Gracie" (you remember: her retinoblastoma was found through an InfantSEE® exam in 2006) to a room full of ophthalmic industry executives, I watched their body language as they leaned forward on their chairs, their eyes and ears intently listening to the story of how our program — InfantSEE® — literally saved the sight and potentially the life of Gracie.

Their sincere interest and questions afterward reminded me of how proud I am to be the president of the AOA, representing the profession that changes and improves the lives of thousands of patients every day.

On the flip-side, their questions reminded me of how many people in America (including within our own industry) don't fully understand what an optometrist in 2009 can do for our patients every day.

Bottom line: We are engaged, every day, in changing lives. Giving a mother the assurance of a normally developing baby through an InfantSEE® exam and taking the time to educate her about a lifetime of healthy vision for the entire family is a great beginning.

We've all had the school-age child who returns to share that once he received his new glasses he can see the chalk-

board or finally enjoys reading. Or the teenager who is now the captain of her softball team since being fit with contact lenses and completing a vision therapy program.

We offer patients immediate relief from a painful foreign body or help them achieve a life-changing experience by co-managing (or providing in Oklahoma) a successful refractive surgery. Presbyopes (me included) get their lives back when we implement Doctor-Driven-Dispensing and recommend from the exam room the very best spectacle or contact lens options for their lifestyle.

But — and here's where I expect you to lean forward in your chair — we also have the opportunity, every day, to save people's lives — just as an optometrist saved Gracie.

More and more adults are not controlling their diabetes, and every day optometrists take the opportunity to counsel diabetics (and work with primary care physicians) to improve diabetes control. This additional counseling from their optometrist will not only improve their eye health, but potentially extend their lives.



AOA President Pete Kehoe, O.D., left, and his wife, Melissa, at right, are joined by Rep. Dan Boren (D-Okla.) and his wife, Andrea Heupel.

Diabetes care is just one example.

As our patients reach the "mature" years, we co-manage their cataract surgeries, treat their glaucoma, monitor their macular degeneration and provide (either directly or through referral to our low vision optometry colleagues) spectacles and optical aids to allow them to continue to see the pictures of their grandchildren. Studies prove that if we keep our patients' eyesight sharp, we can keep them from life-shortening stumbles and falls as well.

Because of our excellent education, our dedication to life-long learning and the uniqueness of our profession, optometrists can and do provide compassionate care throughout our patients' lives.

Many of our patients recognize and tell us and others about how valuable the care we provide is to them. While only about 30 percent of Americans see their eye doctor each year, that's almost twice as many people who see a physician. You are very possibly the only primary health care provider an at-risk patient sees each year. That truly puts you, me, and all of us on the



Dr. Kehoe

frontline.

Meanwhile, we are faced with a huge opportunity.

There are 70 percent of Americans who don't see any doctor in a typical year. We need to get the message to those Americans on the value — beyond money — optometry can provide through a lifetime of healthy vision.

As the leader of the AOA, I believe there are two things that must drive all we do: one, ensure that all people have access to our services, whether through panels that pay fairly, government plans or by running our practices in a way that ensures patients seek us out. And two, we must always remember the value we provide — measurable and immeasurable — and ensure that we are treated fairly and compensated properly for these invaluable services.

None of us should ever forget optometry's value to our patients: PRICELESS! Until next time,

PS: Don't forget to visit my blog: www.PetesAOABlog.com where you'll probably find some discussion about optometry's board certification proposal.

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Optometrists' role in medical eye care growing

Optometrists continue to grow in importance as providers of a wide range of eye and vision care services in their communities, the AOA Information & Data Committee's new 2008 Scope of Practice Survey finds.

However, growth may be most striking in the area of eye disease management and medical eye care services, according to Richard C. Edlow, O.D., chair of the AOA Information & Data Committee.

The survey finds that optometrists, over a typical six-month period, now diagnose an average of 104 cases of anterior segment disorders – including 24 cases of glaucoma.

In addition, diagnosing optometrists now provide all of the treatment for four-fifths of those anterior segment patients and two-thirds of the glaucoma patients, the survey finds.

“Optometrists have long been very active in the providing of medical eye care to their patients,” Dr. Edlow said. “The latest AOA Scope of Practice Survey results confirm they have now become even more important

as providers of medical eye care in their communities.”

That is critical, Dr. Edlow added, as America faces an increase in age-related eye conditions such as macular degeneration as well as systemic conditions that can result in eye problems.

The survey finds optometrists now prescribe or dispense pharmaceuticals to patients more than 400 times over a typical six-month period — and more than 1,600 times in the most actively prescribing practices.

That is substantially more than just two years ago when the survey found optometrists prescribing or dispensing pharmaceuticals about 250 times over a typical six-month period — and around 600 times over a six-month period in the most actively prescribing practices.

Virtually all responding optometrists (98.2 percent) now routinely perform annual dilated exams on diabetic patients. Nearly three-fourths of the survey respondents (71.4 percent) also reported they perform fundus photography in their offices.

Four out of five optometrists routinely send written reports on their dia-

betes patients to other primary care practitioners as a means of facilitating an integrated team approach to care, the survey finds.

Nine out of 10 optometrists report that they manage or co-manage their patients with macular degeneration, the survey finds.

The survey also suggests that neuro-optometric rehabilitation is becoming an increasingly important part of optometric practice.

Some 85.8 percent of the surveyed optometrists reported that they had seen at least one patient, within a 12-month period, who suffered a neurological insult such as stroke or brain injury.

This is an increase from the 78.5 percent of ODs who reported such patients during the last AOA Scope of Practice Survey in 2007.

The survey finds more than a third (37.1 percent) of optometrists now provide neuro-optometric services to such patients, compared with 29.5 percent in 2007.

Optometrists continue to overwhelmingly report that they provide virtually all pre- and post-operative care for their patients who undergo refractive surgery.

In addition to providing assessment and post-surgical care, optometrists also now provide many of those refractive surgery patients with eye-wear.

The survey finds that in many practices, optometrists prescribe spectacles to one in five refractive surgery patients and dispense sunglasses to more than a quarter.

Overall, optometrists report patient interest in refractive surgery remains about the same as two years ago, with an average of 44 refractive surgery patients typically screened by an optometrist during a six-month period.

More than a third of optometrists now provide at least some low vision services in-office.

Optometrists increasingly offer the latest in state-of-the-art eye care technology with over a third now offering corneal topography and three out of five providing pachymetry, the survey finds.

Optometrists remain very active in their communities with three quarters participating in charitable efforts, more than a quarter conducting school vision

screenings, and more than half participating in employer-based safety eyewear programs, the survey finds.

Some 11 percent of optometrists now hold hospital privileges, according to the survey. Almost three in ten survey respondents serve on the boards of not-for-profit organizations or similar bodies.

The AOA Information & Data Committee conducts Scope of Practice surveys every two years to determine the range of eye and vision care services being provided to patients in optometric practices across the nation.

The survey was sent to 4,000 AOA members in September 2008.

A more extensive review of the survey results will appear in the Practice Strategies section of an upcoming edition of *Optometry: Journal of the American Optometric Association*.

Copies of the Highlights of the AOA 2008 Scope of Practice Survey will be posted for downloading through the AOA Web site, under Member Resources, on the Information and Data page, www.aoa.org.

Foxworthy to headline at Optometry's Meeting®

Comedian Jeff Foxworthy will produce monumental laughs as the entertainment slated for the Optometry's Meeting® Presidential Celebration, Saturday, June 27 near Washington, D.C.

After the 2009-2010 AOA Board of Trustees is introduced, attendees will welcome Foxworthy's performance, sponsored by Hoya.

Foxworthy is one of the most respected and successful comedians in the country.

He is the largest-selling comedy recording artist in history, a multiple Grammy Award nominee, and best-selling author of more than 22 books.

Widely known for his redneck jokes, his act goes well beyond that to explore the humor in everyday family interactions and human nature with a style that has been compared to Mark Twain.

Foxworthy is currently hosting the hit FOX TV show “Are You Smarter than a 5th Grader?”

He was also the executive producer and starred in “Foxworthy's Big Night Out” and “Blue Collar TV,” the television series he created for the now-defunct WB network.

In April 1999, “The Foxworthy Countdown,” a

weekly syndicated three-hour radio show, debuted featuring Foxworthy offering Top 25 country music hits and interviews with stars. The show is carried in more than 220 markets across the United States.

Foxworthy received a Country Music Award nomination for Broadcast Personality of the Year in 2001.

Foxworthy has an HBO special and two Showtime specials to his credit.

He won a People's Choice Award for Favorite Newcomer for his role on “The Jeff Foxworthy Show.”

Off-stage, Foxworthy dedicates time to the Duke University Children's Hospital in Durham, N.C. The hospital specializes in treating children with cancer. Foxworthy is the honorary chair of the Duke Children's Classic Golf Tournament.

With Foxworthy's help, the hospital raised more than \$4 million in the past four years.

Foxworthy will perform at the Presidential Celebration on Saturday, June 27 at 7:45 p.m. for registered guests of Optometry's Meeting®. Register for event #0380.



American Board of Optometry (ABO)

Initial Board Certification Process

As proposed by the Joint Board Certification Project Team, there will be two aspects of optometric board certification:

- ❖ Demonstrating a commitment to continuing one's education in order to qualify for the certification exam and
- ❖ The examination itself.

Board Certification Examination

At the core of the initial board certification program will be a patient assessment and management-like (PAM-like) examination with areas of emphasis. Prior to the examination, candidates will choose from several bulleted topics, and their examinations will be weighted toward their areas of preferred emphasis with more questions.

Possible examination topics covering the areas of refractive status, sensory processes and oculomotor processes include:

- ❖ Ametropia
- ❖ Ophthalmic optics
- ❖ Contact lenses
- ❖ Low vision
- ❖ Binocular vision/perceptual anomalies

Possible examination topics covering the areas of disease/trauma include:

- ❖ Lids, lashes, the lacrimal system, ocular adnexa and orbit
- ❖ Conjunctiva/cornea/refractive surgery
- ❖ Lens/cataract/IOL/pre- and post-operative care
- ❖ Episclera/sclera/uvea
- ❖ Vitreous/retina
- ❖ Optic nerve/neuro-ophthalmic pathways
- ❖ Glaucoma
- ❖ Emergencies
- ❖ Systemic health

Pass/fail criteria will be established using statistical standards similar to those governing the National Boards.

General eligibility requirements prior to examination:

To be eligible to take the exam, optometrists must satisfy a number of basic requirements, such as graduating from optometry school and being licensed, and then attaining a set number of points, earned by engaging in post-graduate educational activities.

The basic requirements are:

- ❖ Graduate of school or college of optometry accredited by the Accreditation Council on Optometric Education (ACOE).
- ❖ Possession of an active license to practice therapeutic optometry in a state, District of Columbia, U.S. commonwealth or territory.
- ❖ Clearance of Search of National Practitioner Data Bank (NPDB) & Health Integrity and Protection Data Bank (HIPDB)
- ❖ Statement of adherence to American Board of Optometry (ABO) Code of Ethics
- ❖ Proof of three years active licensure immediately prior to application (*Exceptions follow)

The post-graduate educational requirements call for a minimum of 150 points after initial licensure to be eligible for the examination. These must be attained within the three years immediately prior to the examination and can be attained by the following experiences. Note that these categories have minimum or maximum points permitted.

- ❖ **Residency:** Certificate of Completion of an ACOE-accredited optometry residency is worth 150 points toward the requirement if within three years of completion of the residency, or 100 points if between three and 10 years of com-

pletion of the residency. *In addition, the three-year active licensure general requirement is waived.

- ❖ **Fellowship in the American Academy of Optometry:** Certificate of Fellowship (Clinical) in the American Academy of Optometry (AAO) is worth 50 points toward the requirement if within 10 years of completion of Fellowship. *In addition, the three-year active licensure general requirement is reduced to one year.

- ❖ **Other educational activities:** A minimum of 50 percent of points must be "Category I," which includes:

- ❖ Continuing education conferences, meetings or workshops carrying ABO-authorized credit (such as state, District of Columbia, U.S. commonwealth or territory board-approved or COPE-approved credit.)

- ❖ Continuing Education with Examination, CEE, is acceptable but not required.

No more than 50 percent of points can come from "Category II." A maximum of 20 percent of the total points can be from each of the lettered sub-categories:

A. Educational activities (such as papers and poster presentations, scientific sessions and grand rounds) provided by schools and colleges of optometry accredited by the ACOE, and medical schools approved by the Liaison Committee on Medical Education (LCME).

B. Distance learning courses, both interactive and non-interactive, with examinations that qualify for ABO-authorized credit (such as state, District of Columbia, U.S. commonwealth or territory board-approved or COPE-approved credit) upon completion. (Examples include electronic media, audio/video tapes, and journals.)

C. Educational or scientific portions of hospital meetings, local optometric or medical society meetings, or grand rounds not approved by COPE or the state board.

D. Other ABO-authorized performance in practice activities (other than self-assessment modules or performance in practice modules (SAMs or PPMs) such as Web-based quality improvement modules, record review, peer evaluation, documented point of care learning, etc.

E. An educational program of a university or college having a defined curriculum, designated faculty, and accreditation from a recognized institutional accrediting organization or an agency recognized by the U.S. Department of Education, that is designed to enhance a participant's instructional, research, administrative, or clinical knowledge and skills necessary for the participant to succeed as an educator, administrator, or practitioner in optometry.

F. Scholarly Activities

- ❖ Members of teams who develop assessment tools, including SAMs and PPMs, knowledge development for Initial and Maintenance of Certification for Optometrists, item developers for the National Board of Examiners in Optometry (NBEO), members of graduate thesis committees or AAO oral examination committees.

- ❖ Teaching health care students or health care professionals.
- ❖ Review of manuscripts for publication in a peer-reviewed optometry, medical or scientific journal.

- ❖ Publication of a clinical, review or research article in a peer-reviewed optometry, medical or scientific journal.

A third category, still under development, would include "Completion of Self-Assessment Modules (SAMs) and Performance in Practice Modules (PPMs) designed to enhance knowledge and skills significant to the practice of optometry."

All points would be subject to final approval of the American Board of Optometry.

Certification

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processes and talked to experts and practitioners throughout the country to develop this proposal. We believe it is a credible model that addresses many of the issues of interest to members of the profession."

"We hope the specifics contained in this model proposal contribute to the ongoing discussion within the profession regarding the future of board certification," said Thomas L. Lewis, O.D., Ph.D., AAO representative to the JBCPT.

"It is vital to demonstrate to our patients, as well as to health care advocates, the federal government, and managed care programs, that a doctor of optometry meets high standards of competence," said Arol R. Augsburger, O.D., ASCO representative to the JBCPT. "The model we've proposed should help us determine how the profession can best meet those demands."

A key area of the proposed certification process is demonstrating a commitment to continuing education in order to qualify for the certification exam.

"We wanted to design a model based partly on continuing education but to make sure that the requirements were flexible enough to apply to optometrists in general practice," said AOSA representative to the JBCPT, Christopher S. Wolfe, O.D.

The proposed post-graduate educational requirements call for optometrists to attain a minimum of 150 points after initial licensure to be eligible for the examination. These points may be attained in a number of ways such as residency, Clinical Fellowship in the American Academy of Optometry and/or other educational activities

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Project team outlines maintenance of certification procedure

While the initial certification process has garnered the most attention within the profession, it is optometry's ability to demonstrate continued competence that is most important to third parties.

"Maintenance of Certification," as the process is called, will entail keeping a current, valid, unrestricted, therapeutic license; continuing education (CE); self-assessment modules (SAMs); a clinical validation of skills through Performance in Practice Modules (PPMs); and an examination every 10 years.

During that 10-year period, optometrists would be expected to satisfy requirements in continuing education and practice performance assessments. In that way, participating optometrists could demonstrate that they have knowledge and practice skills that have kept pace with best practices and clinical knowledge.

Details on the maintenance of certification aspect of the Joint Board Certification Project Team's (JBCPT) work will appear in the next *AOA News*, along with coverage of

questions posed to the JBCPT and the answers they have provided.

The initial model proposed by the JBCPT has been favorably received by outside organizations.

"Given your limited number of accredited training programs, I think that the options that you have created for acceptable pathways to certification are very reasonable. Congratulations on the development of an excellent document," noted James C. Puffer, M.D., president and chief executive officer of the American Board of Family Medicine.

Certification

from page 6

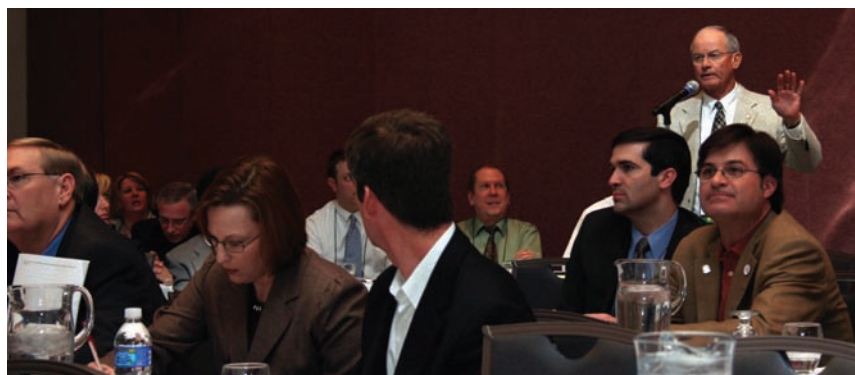
including continuing education.

Once practitioners become board-certified, maintenance of certification as a means of demonstrating continued competence is an important part of the process. Self-Assessment Modules (SAMs) and Performance in Practice Modules (PPMs) designed to enhance knowledge and skills significant to the practice of optometry are in their early stages of development.

"My fellow team members and I encourage all optometrists to study the model we've proposed and

provide feedback," said William B. Rafferty, O.D., ARBO representative to the JBCPT. "Refining the model and ensuring that it meets the needs of the profession should be important to every optometrist."

NBEO representative to the JBCPT, Donovan L. Crouch, O.D., concurred, "Opening up the development process now to get as many viewpoints as possible is the only way we can make sure any board certification process addresses the current and future needs of optometrists and the patients we serve."



James Sandefur, O.D., executive director of the Optometry Association of Louisiana.



Lisa Howard, O.D., president of the Kentucky Optometric Association, asks a question.



Arol Augsburger, O.D., describes a proposed model for board certification of optometry at a meeting of state and affiliated optometric association leaders Jan. 23 in St. Louis. At right is Mike Horstman, chair of the International Association of Optometric Executives, who moderated the discussion. Members of the Joint Board Certification Project Team on stage are, from left, Randolph Brooks, O.D.; David Cockrell, O.D.; Larry Davis, O.D.; Christina Sorenson, O.D.; Donovan Crouch, O.D.; Jack Terry, O.D., Ph.D.; Thomas Lewis, O.D., Ph.D.; Mary Jo Stiegemeier, O.D., Mary Phillips, O.D., and Christopher Wolfe, O.D.



Tom Lewis, O.D., Ph.D., answers a question during the presentation. Also pictured, from left, are Jack Terry, O.D., Mary Jo Stiegemeier, O.D., Mary Phillips, O.D., and Christopher Wolfe, O.D.

First OD picked to head diabetes group

The National Diabetes Education Program (NDEP) Pharmacy, Podiatry, Optometry and Dental Professionals (PPOD) work group appointed AOA representative W. Lee Ball, Jr., O.D., as chair at its December NDEP Steering Committee Meeting in Washington, D.C.

Dr. Ball is the first optometrist to chair the committee. He has worked on the committee as a member since 2003 and was elected vice-chair in 2005.

"Dr. Ball brings a wealth of interdisciplinary expertise to this key NDEP role," said Francine Kaufman, M.D., chair of the National Diabetes Education Program. "His leadership and commitment to furthering eye health education are important in our overall goal to help people prevent and control diabetes."

As chair, Dr. Ball will lead the 14-member committee of diabetes care experts who help NDEP understand how to reach PPOD professionals to help translate specific diabetes messages for

consumer and health professional information.

Other optometrists serving on the PPOD work group include Susan Primo, O.D., MPH, who represents the National Optometric Association, and Renee' Mika, O.D., who represents the American Academy of Optometry.

Drs. Ball and Mika both serve on the AOA Healthy Eyes Healthy People® Committee.

Dr. Primo serves on the AOA Community Health Center Committee.

Dr. Ball is adjunct clinical faculty at the New England College of Optometry and serves on staff at the Joslin Diabetes Center and Beth Israel Deaconess Medical Center Division of Ophthalmology, teaching affiliates of Harvard Medical School.

Dr. Ball has served on the National Eye Institute's National Eye Health Education Program and the Vision Council's Better Vision Institute and has lectured across the country for the

Optometric Leadership Institute.

"I hope to continue to raise awareness about the importance of eye, foot and oral care for people with diabetes and help reduce the morbidity and mortality associated with diabetes both nationally and internationally," said Dr. Ball.

Dr. Ball succeeds JoAnn Gurenlian, RDH, Ph.D., as chair of the PPOD work group. The NDEP is a joint initiative of the Division of Diabetes Translation at the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health.

The NDEP performs awareness campaigns around diabetes prevention and control, develops educational materials for people with, or at risk for diabetes, and creates tools for health care professionals and community-based organizations.

NDEP work groups are designed to address the needs of specific target audiences.

The PPOD work group is comprised of health care pro-

fessionals, and one of its primary goals is to conduct outreach to PPOD professionals through professional educational materials focused on coordinated care.

In October 2007, the NDEP released a revised monograph for health care professionals titled "Working Together to Manage Diabetes: A Guide for Pharmacy, Podiatry, Optometry and Dental Professionals (Working Together)."

The 80-page monograph promotes multidisciplinary team care in diabetes management and discusses the key signs and symptoms of diabetes-related complications involving foot, eye and oral health.

The monograph also highlights the key messages all health care professionals should give the person with diabetes regarding foot, eye and oral health as well as the role the pharmacists can play in the diabetes care team.

The NDEP offers free Continuing Medication Education (CME) credits through the Centers for

Disease Control and Prevention (CDC) online continuing education program for reading "Working Together" and answering a brief evaluation form and a post-test about the document.

"You don't need to be an expert or do a thorough exam to identify that a problem needs attention by a specialist," said Dr. Ball. "It takes less than a minute to ask a person about their foot or mouth or to ask a few questions about medications, supplies or tobacco use. You reinforce the importance of preventive care if you take time to check a complaint yourself before recommending referral to another provider. Support comprehensive diabetes care. Think beyond the eye to identify other potential problems, then refer to the appropriate provider. Patients will appreciate your concern for their health and well-being as a whole. Establishing a referral system with other providers in your community will improve your patients' health and increase your referral base as well."



Ethical Issues in Contact Lens Practice Four video vignettes and a quiz

The American Optometric Association is pleased to offer free online continuing education to our members through this innovative program, generously supported by an educational grant from CIBA Vision.

This course was developed by the AOA Ethics & Values Committee and is COPE-approved for one credit hour continuing education in the category of Ethics/Jurisprudence.

To get started, visit www.aoa.org/x10837.xml.



Registration open for Optometry's Meeting®

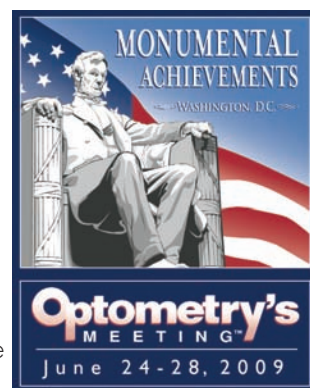
AOA members and non-members alike can now register to attend the best value meeting in the industry. Online registration is open at www.optometrismeeing.org.

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The number of free education hours, quality networking opportunities, unparalleled trade show floor and social events ensure an enhanced experience at National Harbor.

AOA and AOSA members who register for Optometry's Meeting® and use the official housing bureau during the early-bird registration period will be entered to win a complimentary base registration and up to four nights' hotel stay for the 2009 Optometry's Meeting®. The winner will be drawn on April 2 and will be contacted by the AOA.

Visit www.optometrismeeing.org to register.





Vision Care for Kids Act introduced in U.S. Senate

U.S. Sens. Kit Bond (R-Mo.) and Christopher Dodd (D-Conn.) introduced the Vision Care for Kids Act of 2009 to combat undiagnosed and untreated vision problems in school-age children on Jan. 15.

“Good vision is critical to our children’s ability to learn. All children must have the tools they need to succeed, and that begins with good vision, which ensures they can see a bright future,” said Sen. Bond, who understands first-hand the importance of this initiative after suffering from permanent vision loss in one eye as a result of undiagnosed amblyopia during his childhood.

“Left undiagnosed or untreated, vision problems can seriously impair a child’s ability to succeed in school,” said Sen. Dodd. “I am pleased to join Senator Bond in introducing this legislation to ensure that our nation’s children receive the vision care they need.”

Sens. Bond and Dodd introduced the Vision Care for Kids Act of 2009 to ensure that children in the United States are able to receive the vital vision care that they need to succeed in school. The bipartisan bill also establishes a grant program to complement and encourage existing state efforts to improve children’s vision care and educate parents, teachers and health care professionals about healthy vision.

Undiagnosed and untreated vision problems for children are serious issues. Eighty percent of what children learn in their early school years is visual. Despite the importance of visual learning for young children and the fact that vision disorders make up the fourth most common disability in the United States, two-thirds of all children entering school



On hand for the inauguration of President Barack Obama are from left, Melissa Kehoe, AOA President Pete Kehoe, O.D., AOA Trustee Steven A. Loomis, O.D., AOA Trustee Andrea Thau, O.D., Chair of the Federal Legislative Action Keyperson Committee Jerald Combs, O.D., and AOA-PAC Board Member Ken Lewanda, O.D.

have never received a vision test. Of the one-third of children who do receive a vision test, approximately 40-67 percent fail but do not receive the recommended follow-up care.

Sens. Bond and Dodd first introduced the bill in 2007, but despite support from a bipartisan group of co-sponsors the bill was not passed.

Several senators who supported the bill last Congress signed on as original cosponsors this year including Sens. Bob Casey (D-Pa.), Daniel Inouye (D-Hawaii), Joe Lieberman (I-Conn.), Daniel Akaka (D-Hawaii), Susan Collins (R-Maine), Claire McCaskill (D-Mo.) and Jon Tester (Mont.).

Both Sens. Bond and Dodd expressed hope that their bipartisan proposal will be an early priority for the Senate Health Education Labor and Pensions committee and the full Senate. The House of Representatives is also expected to introduce its companion bill soon.

Representatives from the American Academy of Ophthalmology, the Missouri Optometric Association, and the Vision Council of America have also expressed

their support and the importance of the Vision Care bill.

“On behalf of The Vision Council, I applaud Senators Bond and Dodd for their unwavering commitment to the Vision Care for Kids Act. Over the past few years they have worked tirelessly to ensure that children across the country receive the vision care they need. Their leadership has been instrumental in bringing this legislation to where it is today, and we look forward to working with them on passage and implementation”

said Ed Greene, CEO of The Vision Council.

“The Vision Care for Kids Act is an important assignment for the new Congress and a timely reminder for America of what needs to be done to help concerned parents and teachers ensure that no child is left behind in the classroom due to an undiagnosed or untreated vision problem,” said Peter H. Kehoe, O.D., president of the AOA. “With nearly 25 percent of school-age children suffering from vision problems that place

kids at a greater risk for vision loss as well as emotional and learning difficulties, the AOA is proud to support visionary leaders like Senators Bond and Dodd in the effort to provide states with the resources they need to make children’s vision and classroom learning a top priority.”

“This measure would be a major milestone in partnership with the states to address the vision needs of our nation’s uninsured children,” said Mike Repka, M.D., a pediatric ophthalmologist.

AOA offers resources for PQRI

The AOA offers a range of resources to assist member optometrists in providing the services encouraged under the PQRI.

The AOA Communications and Membership Group’s AOA Eye Disease Management Program offers the AOA Eye Disease Management Kit, with a Recommended Nutrients for Healthy Eyes leaflet, to assist in antioxidant counseling for patients with age-related macular degenera-

tion (AMD) and as well as other chronic eye conditions such as diabetic retinopathy.

The Practice Strategies section in the December edition of *Optometry: Journal of the American Optometric Association* offers advice on the kit’s use. Additional information on antioxidant counseling for AMD patients is scheduled for the February edition of *Optometry*. The AOA Clinical Care Group offers AOA Optometric Clinical Practice Guidelines

on glaucoma, cataract, diabetic retinopathy, and AMD.

A revised edition of the AMD guideline with new guidelines on antioxidant counseling is scheduled for release next spring.

Information on all of the AOA’s member resources can be accessed on the Doctors’ Page of the AOA Web site (www.aoa.org). A comprehensive guide to PQRI participation for optometric practices appears in the December edition of *AOA News*.

HHS sets 2013 deadline for use of ICD-10 codes

The U.S. Department of Health & Human Services (HHS) will begin requiring all health care providers report diagnoses and procedures with the 10th edition of the International Classification of Disease (ICD-10) code sets beginning Oct. 1, 2013.

Implementation of the ICD-10 code sets will entail a complete overhaul of the American health care billing system, according to the AOA Third Party Center.

The ICD-10 codes will replace not only the ICD-9 codes now used by health care providers to describe diagnoses on health care claims, but the Current Procedural Terminology Codes (CPT) used to report most health care procedures and the Health Care Procedures Coding System (HCPCS) commonly used to describe health care-related products and materials.

In addition, the ICD-10 codes will require health care providers to report procedures and conditions with much greater specificity.

The greatly expanded ICD-10 code sets, designed to accommodate a host of new diagnoses and procedures, contain more than 155,000 codes, according to the HHS.

The ICD-9 code sets contain only 17,000. The new coding system is being implemented in part because the ICD-9 code sets are expected to start running out of available codes next year.

However, the new coding system is primarily seen as an important step in a plan to move the nation toward a system of electronic health care records, health care quality measurement, and value-oriented

health care, according to the AOA Advocacy Group.

In a related move, the HHS announced last month that it has adopted an updated X12 standard (Version 5010) for certain electronic health care transactions, an updated version of the National Council for Prescription Drug Programs (NCPDP) standard (Version D.0) for electronic pharmacy-related transactions, and a standard for Medicaid pharmacy transactions.

The new version of the X12 standard includes updated specifications for claims, remittance advice, eligibility inquiries, referral authorization, and other administrative transactions. It also accommodates the use of the ICD-10 code sets, which are not supported by the current X12 standard (Version 4010/4010A1).

"These regulations will move the nation toward a more efficient, quality-focused health care system by helping accelerate the widespread adoption of health information technology," former HHS Secretary Mike Leavitt said. "The greatly expanded ICD-10 code sets will fully support quality reporting, pay-for-performance, bio-surveillance, and other critical activities. The updated X12 transaction standards, Version 5010, provide the framework needed to support the ICD-10 codes."

The AOA Advocacy Group is reviewing both of the new regulations and preparing a detailed report on how they will impact optometric practice.

The AOA Third Party Center will be providing AOA members with extensive educational materials, as deadlines approach, to help them prepare to implement the new coding system in their practices, according to Charles Brownlow, O.D., associate director of the center.

Both of the new regulations were published Jan. 16, 2009, in the *Federal Register*. They can be viewed online at www.gpoaccess.gov/fr/browse.html.

AOA action buys time for ICD-10 implementation, challenges remain

Well before the U.S. Department of Health & Human Services (HHS) announced its Oct. 1, 2013, deadline for implementation of the ICD-10 codes, the AOA Advocacy Group was holding extensive discussions with the department in an effort to ease the transition to the new code set.

The HHS originally planned to require use of the ICD-10 codes by Oct. 1, 2011. However, the department pushed back the deadline two years after the AOA and other health profession organizations told officials the deadline was unreasonable, according to AOA Advocacy Group Director Jon Hymes.

"A transition of this magnitude will require a workable implementation process and timeline for all HIPAA-covered entities, and comprehensive outreach and education initiatives to support health care providers, especially small optometric practices, throughout this complex move to ICD-10," AOA President Peter H. Kehoe, O.D. wrote in an Oct. 20, 2008, letter to HHS Secretary Mike Leavitt.

Implementation of the ICD-10 should be paired with the adoption of new health care automation, such as electronic health records and e-billing systems, Dr. Kehoe asserted.

The move to the ICD-10 comes as optometrists and other health care providers are being called on to comply with a host of other new federally mandated regulations, he added.

"We recently faced challenges with the National Provider Identifier (NPI), and the initiation of the Medicare Physician Quality Reporting Initiative (PQRI) required participating physicians to modify the way they submit claims so as to capture new CPT Category II or G codes. With any new program, there are significant challenges. That includes the NPI and the Individuals Authorized Access (IACs) system, which physicians are required to utilize to obtain their PQRI bonuses. The implementation timeframes for compliance with HIPAA mandates and other health information technology-related requirements should be better coordinated to avoid contingency plans and ensure that physicians and the health care industry as a whole are able to meet these requirements," Dr. Kehoe wrote.

HHS officials postponed their original ICD-10 deadline after receiving results of a study that confirmed that the HHS's Centers for Medicare & Medicaid Services (CMS) had underestimated the costs and time required to implement the complex new code sets.

The study (*The Impact of Implementing ICD-10 on Physician Practices and Clinical Laboratories*) prepared by the highly respected health care policy consultancy, the

Nachimson Advisors, concluded that for a typical small practice, the total cost impact of the ICD-10 mandate would be \$83,290 and for a typical medium-sized practice it would be \$285,195, nearly three and a half times the estimates prepared by the CMS.

Those expenses include staff training expenditures, new claim form software, business process analysis, practice management and billing software upgrades, increases in claim inquiries and reduction in cash flow, and increased documentation costs.

In addition, implementation of the ICD-10 codes poses the potential for cash flow disruption in health care practices, Dr. Kehoe said. Problems experienced during the introduction of the NPI suggest many Medicare carriers and other third-party payers might have trouble implementing the coding system if forced to do so too quickly, he said.

A move to ICD-10 will also require updating the HHS's recently implemented quality measures program, Dr. Kehoe said.

Modifying the measures will require considerable time and resources as each measure will need to undergo review and potentially be revised based on changes in the ICD-10 coding specificity and structure.

Dr. Kehoe also questioned assertions that implementation of the new, more detailed ICD-10 coding system will speed claims processing by reducing the number of requests for additional information issued to health care providers by insurers. He called on the HHS to study the issue further.

The AOA is recommending the HHS undertake extensive outreach and education efforts to assist health care practitioners in the move to ICD-10, including:

- ❖ A detailed provider education and outreach plan with special emphasis on small physician practices and software vendors,
- ❖ A cadre of trained Medicare service representatives to assist with ICD-10 questions,
- ❖ A special toll-free hotline for questions,
- ❖ Collaboration with the health care industry, especially physician organizations, in order to develop uniform outreach materials,
- ❖ A series of regional calls with national physician organizations and state, specialty and county provider societies on a bimonthly or quarterly basis, and
- ❖ A central and regional office point person to guide implementation and to ensure that materials disseminated are consistent and available to troubleshoot problems as they arise throughout the implementation process.



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OD school clinics adopt guidelines on drug samples

Clinics affiliated with virtually all of the nation's 17 active schools and colleges of optometry have adopted guidelines on the dispensing of pharmaceutical samples to patients.

Pharmaceutical samples, provided by drug makers to health care practitioners, have become increasingly controversial over recent years, members of the AOA Industry Relations Committee note.

Manufacturers generally make pharmaceutical samples available to facilitate the initiation of treatment, according to industry representatives.

Often, practitioners use samples to provide trial administrations of pharmaceuticals before prescribing a drug to a patient. Many health care providers also use samples to provide medication for low-income or uninsured patients who might otherwise not be able to afford necessary treatment.

Patients often find samples helpful in becoming familiar with the use of a drug or the drug's effects. Industry representatives acknowledge pharmaceutical samples have become an important marketing tool allowing health care practitioners to become familiar with new drugs as they enter the market.

However, some critics contend providing free pharmaceutical samples to practitioners can represent a means of improperly influencing clinical judgment, not unlike providing extravagant meals or non-practice-related gifts. Others say providing samples is an inadequate, stop-gap means of offering care for the underprivileged.

Federal legislation, such as the Prescription Drug Marketing Act of 1987 (PDMA), designed to protect the public from unsafe drugs and curb improper industry influence on practitioners, does not specifically address pharmaceutical samples.

Optometrists are specifi-

cally authorized to provide pharmaceuticals to patients under either the optometry laws or the pharmacy acts in most states. However, few if any states specifically address how those samples should be used, according to the AOA State Government Relations Center.

The Pharmaceutical Research and Manufacturers of America's (PhRMA) recently strengthened its "PhRMA Code on Interactions with Healthcare

professionals," which specifically allows providing pharmaceutical samples to health care practices, although it does not address the use of samples by practitioners.

PhRMA in the past year has issued at least two statements defending the use of samples in the wake of critical reports by health care advocacy groups.

Most of the guidelines adopted by optometry school clinics are based on a sample protocol proposed in the article, "Appropriate use of pharmaceutical samples in the optometric practice," by Tom Annunziato, O.D., and John D. Coble, O.D., which appeared in the August 2006 edition of *Optometry: Journal of the American Optometric Association* (see box).

In general, the article suggests that:

- ❖ The dispensing of pharmaceutical samples should be limited to one dosage per patient as a means of initiating treatment with a pharmaceutical,
- ❖ Samples should be dispensed only in conjunction with the issuing of a prescrip-

tion for the pharmaceutical, and

❖ Samples should not be dispensed in lieu of issuing a prescription for a pharmaceutical.

"It is good to issue samples for chronic conditions such as glaucoma or dry eye to determine the effectiveness," said co-author Dr. Coble. "But for acute problems in particular, such as conjunctivitis, it is important to place a drop of the pharmaceutical in the eye while

the patient is in office and then issue a prescription."

Dispensing too many pharmaceutical samples to patients can lead to patient non-compliance with care regimens and diminished outcomes, Dr. Coble contends.

"For example, if you give the patient with an infection a sample of an antibiotic, there is a good chance the infection will look better almost immediately but the patient may not get the prescription filled and will not go through a full regimen of care," Dr. Coble said.

He believes such lack of compliance with care regimes has contributed to the rise of treatment-resistant infections over recent years.

Most optometry school clinics – including those associated with the Illinois College of Optometry, Indiana University School of Optometry, New England College of Optometry, Nova Southeastern University College of Optometry, The Ohio State University College of Optometry, Salus University Pennsylvania College of Optometry, Southern College of Optometry, University of Missouri-St. Louis College of Optometry, State University of New York State College of Optometry, University of Houston College of Optometry, Southern California College of

Guidelines for use of ophthalmic drug samples¹

Glaucoma

- ❖ Sample and dispense one bottle initially to evaluate the drug's effect of intraocular pressure.
- ❖ Write and issue a prescription after a successful follow-up visit.
- ❖ Write and issue a refill prescription on future follow-up visits – do not provide additional samples.

Allergy

- ❖ Sample and dispense one bottle and a written prescription for new medications
- ❖ Supply written refill prescriptions on subsequent visits
- ❖ Do not sample returning allergy patients unless it is a new medication.

Anti-Infectives

- ❖ Sample one drop while the patient is in the chair to initiate therapy.
- ❖ Write and issue the prescription.
- ❖ Advise the patient to fill the script immediately.
- ❖ Only provide a sample in extreme situations in which a patient cannot get to a pharmacy on the same day to fill the prescription.
- ❖ Never provide a sample without a prescription.

Dry Eye Over The Counter

- ❖ Sample and dispense one bottle of product during the eye examination and consider providing a written prescription for the product to enhance compliance.

Contact Lens Solutions

- ❖ Sample only one starter kit per patient each year and provide your recommendation for the product your patient should purchase to increase compliance.
- ❖ Do not give the patient multiple sample bottles.
- ❖ Do not give the patient different sample starter kits or rewetting drops on the same visit.

New Pharmaceutical Products

- ❖ When an OTC or prescription pharmaceutical product is introduced, a sample might be used by a practitioner to achieve a level of clinical comfort with the product.
- ❖ Dispensing of a sample should still generally be accompanied by a written prescription for the pharmaceutical, in the case of both OTC and prescription products.

Use your discretion in sampling in situations when it may be difficult for a patient to get to the pharmacy in a timely manner (weekends, late evening). To aid in compliance, consider calling in the prescription to the pharmacy on behalf of the patient.

1. Annunziato T, Coble JD. Appropriate use of pharmaceutical samples in the optometric practice. *Optometry*. 2006 Aug;77(8):405-12.

Optometry, University of California-Berkeley College of Optometry and the Pacific University College of Optometry — have adopted the Annunziato-Coble guidelines verbatim over the past two years.

The University Eye Center affiliated with Ferris State University's Michigan College of Optometry (MCO) has actually had

See Samples, page 12

Dr. Coble believes the frequent use of samples in optometric practices has led to inadequate recognition within the pharmaceutical industry of the role optometry plays in medical eye care today.

Samples,

from page 11

guidelines on sampling for more than five years:

- ❖ “Sample medications will only be given for emergency use.
- ❖ “For glaucoma patients, sample medications may be used to determine effectiveness; however, a prescription must be written afterward.
- ❖ “Sample medications may be dispensed for artificial tears; however, samples will not be used for long-term use,” a 2003 MCO “Policy Letter on Writing Prescriptions for Medications” stipulates.

Similarly, the University of Alabama at Birmingham (UAB) School of Optometry Clinical Services issued sampling guidelines in 1997, advising that:

- ❖ In the case of “legend and OTC (over-the-counter) medications, only one sample should be dispensed to a patient and only when it is a new therapy initiated at that visit.
- ❖ “When dispensing a legend medication sample, the provider should give the patient a written prescription.
- ❖ “When dispensing an OTC medication sample, the provider should consider giving the patient a written prescription, recommendation, or coupon for purchasing the product.

“In some cases, it is most appropriate for the provider to see the patient at a future date to determine if the sample is effective before writing the prescription (e.g., glaucoma).”

The UAB guideline also covers the sampling of contact lenses and other ophthalmic goods.

Several of the guidelines specifically note that it may be appropriate to provide samples when a patient may not be able to reach a pharmacy and have a prescription filled in a timely manner.

Most of the sampling guidelines implemented in optometry school clinics do not directly address the issue of samples for indigent patients. Several clinical directors who spoke with

AOA News said that if patients cannot afford prescribed pharmaceuticals, practitioners in their institutions might resort to the dispensing of a sample.

However, some also noted the pharmaceutical industry’s Partnership for Prescription Assistance can often provide an appropriate means of providing necessary pharmaceuticals for disadvantaged patients.

The program’s online clearinghouse lists more than 475 public and private sources of patient assistance (www.pparx.org). The UAB has a Clinic Coordinator of the Ocular Disease and Low Vision Service who is charged specifically with enrolling patients in the pharmaceutical company patient assistance programs.

A factor in recalls

School clinics, which may not always receive the abundant pharmaceutical samples that some private practices receive, may have good reason to set down policies on the judicious use of those samples, notes Mark O’Donoghue, O.D., clinical director for the New England Eye Institute’s (NEEI) flagship New England Eye Commonwealth Clinic in

Boston.

However, the NEEI, the clinical system of the New England College of Optometry (NECO), actually became interested in drug sample protocols in 2007 after manufacturers recalled several widely used drugs in response to reports of adverse events.

The use of samples can complicate patient notification because pharmaceuticals are generally recalled by manufacturer’s lot number and practitioners generally do not note the lot numbers for any samples dispensed, Dr. O’Donoghue said. NEEI policy now also requires practitioners to record the lot

numbers for all samples dispensed to facilitate contacting appropriate patients in the case of a recall, Dr. O’Donoghue notes.

The dispensing of sample drugs in lieu of formal prescriptions also makes it difficult to determine which practices or types of practitioners are most important in providing various types of care to the public, Dr. Coble adds.

The pharmaceutical industry uses a sophisticated prescription tracking system to assess how often practices provide care with various pharmaceuticals. However, the use of samples essentially circumvents that system.

For that reason, Dr.

Coble believes the frequent use of samples in optometric practices has led to inadequate recognition within the pharmaceutical industry of the role optometry plays in medical eye care today.

Dr. Coble believes the overuse of samples can present a less-than-professional image for a health care practice.

“Do optometrists provide pharmaceutical samples to their patients? Of course they do. Samples can represent a win-win situation for all involved,” Dr. Coble summarizes. “The secret is not to over-use them.”



Representatives of leading contact lens product companies took questions on their sampling policies at the Presidents’ Council in St. Louis last month.

Artwork offers high-end patient education

To enhance patient care and education efforts, the AOA is introducing three new, striking components that complement the Eye Disease Awareness and Management program.

Digitally painted, museum-grade canvas gallery prints focused on glaucoma, macular degeneration and diabetic retinopathy are now available.

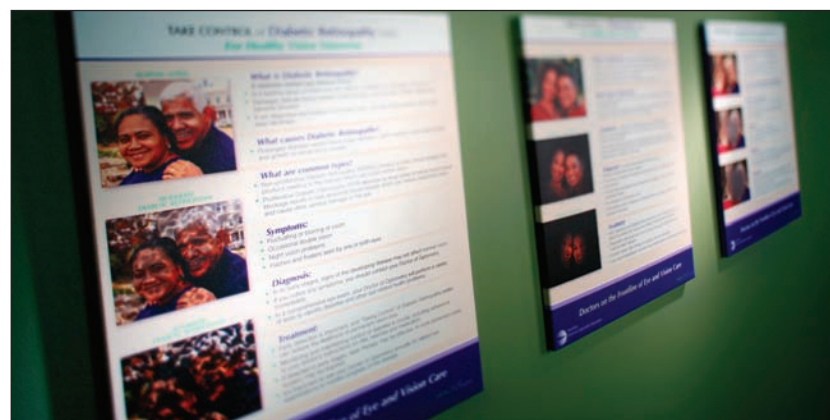
These large-format, 20-inch by 24-inch ‘gallery-wrapped’ prints feature important visual messages that create an AOA-member-branded collection to enhance patient counseling.

Prints arrive with hardware and are ready to hang with no framing costs.

The prints may be purchased individually or as a collection, depending on the needs of the office space.

The prints cost \$89 each.

Order item # GP-1: Gallery Print - Glaucoma
Order item # GP-2: Gallery Print - Macular Degeneration
Order item # GP-3: Gallery Print - Diabetic Retinopathy
To order, contact the AOA Order Department at 800-262-2210.





SPOTLIGHT ON AOA MEMBERS

Oregon OD's program provides sustainable opportunity in Guatemala



On one of his trips to Guatemala, Scott Pike, O.D., hugs Sister Maria Christina, head of the Catholic sisters' clinic in the town of Cantabal. Photo by L.E. Baskow

For more than a dozen years, the Ixcán region of Guatemala has welcomed Pacific University College of Optometry professor Scott Pike, O.D., and his crew as they strive to improve access to eye care in the remote area.

Dr. Pike's project, Enfoque Ixcán, has a mission to make vision and eye health care and eye health education available to the Ixcán people and believes the most effective method of providing eye health and vision care is to maximize the use of local and regional resources by educating and training local residents.

"The Ixcán region of Guatemala is quite remote, underdeveloped and ignored in regards to health and eye care services," said Dr. Pike. "Approximately 100,000 mostly indigenous Mayan people live in this region and must travel an uncomfortable four to seven hours to reach

basic eye care."

Enfoque Ixcán now has two trained eye health promoters in the area and recently received a \$13,850 grant that will allow them to add another eye health promoter and provide an inventory of eyeglasses and other supplies.

The grant will also help create materials educating the students and adults of the Ixcán about vision, eye health and the importance of preventive care.

"The ability to offer locally provided care from the health promoters and health professionals gives this project sustainability and an economic opportunity to the region," said Dr. Pike. "This defines our uniqueness as a mission project."

For the past six years, Dr. Pike has made a second annual journey to the region with a group of optometry students from Pacific University College of Optometry's Amigos Eye Care (affiliated

with Volunteer Optometric Services to Humanity).

"On these mission trips, we examine hundreds of patients, dispense glasses, use the opportunity to teach the eye health promoters and identify patients needing professional care," said Dr. Pike.

Enfoque Ixcán established a relationship with an eye clinic in Guatemala City to which they send patients for eye surgeries.

"This clinic does social service work, enabling us to send patients there for care very affordably," said Dr. Pike. "Enfoque Ixcán pays for the surgeries and about 85 percent of the travel, food and lodging. As an example, one patient receiving two cataract surgeries will cost us under \$300."

Many of the patients helped by Enfoque Ixcán are extremely grateful for the eye care they receive.

One such patient is Manuel de Jesus Garcia, an 81-year-old man who has lived in the Ixcán village of San Pablo for 25 years.

He has a *parcela* (farmland) where his family grows crops, mainly for their own consumption, but when he has extra, he takes it to town

to sell.

"He was quite excited on the morning we met over a typical breakfast of eggs and beans and an oatmeal drink at Tita's *comedor* because beans were selling for 33 cents a pound," said Dr. Pike. "He had a freshly picked bag with him to sell after breakfast."

Before his cataract sur-

Pacific University, though he was unable to receive treatment at that time.

"So in February 2007, he came to see me while I was 10 miles away in the village of our eye health promoters, Felipe and Pedro," said Dr. Pike. "Others had told him that during the cataract surgery they would remove his



Dr. Pike shares a typical Guatemalan breakfast of eggs and beans and an oatmeal drink with patient Manuel de Jesus Garcia.

geries de Jesus Garcia described his vision like "looking at smoke and very blurry."

He heard about the work of Enfoque Ixcán when the group was there in 2006 with Amigos Eye Care from

eyes to work on them. That concerned him. We checked his eyes to be certain his problem was cataracts, and then had him talk to a previous patient who had under-

see *Enfoque Ixcán*, page 16



A line of primary school students in the village of Santa Maria Dolores wait to have their acuities checked by volunteers from Enfoque Ixcán. Photo by L.E. Baskow

Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association. Got a story to share? Drop a line to RAFoster@aoa.org.

AOA membership info delivered electronically

In late January and early February, all active AOA members with e-mail addresses on file will receive their 2009 membership card, census and certificate via e-mail.

In an effort to expedite distribution and afford easy updates to member data, the AOA has gone electronic.

Look soon for an e-mail titled "AOA membership card and census" – complete with links and instructions.

Active AOA members with no e-mail address on file will receive their 2009 materials in hard copy format via regular mail. They can also log on to www.aoa.org, update information, complete the census electronically, and download and print their 2009 membership card and membership certificate.

The departure from hardcopy to electronic format permits:

- ❖ Online review and update of membership records
- ❖ A new level of convenience
- ❖ Substantial cost savings – dollars spent on mailing are redirected to programs that advance the profession of optometry

Throughout the year, hard copy membership cards and certificates will still be mailed to:

- ❖ New AOA members – included in their new member kits
- ❖ Optometry students – distributed by the AOSA trustees
- ❖ Active members without e-mail addresses
- ❖ Active members who request their materials in hard-copy format

Although it's a major change from the traditional U.S. Postal mailing, the electronic conversion of AOA membership materials is designed to better serve members with added convenience and cost efficiency.

Practice Transitions courses offered during 2009 meetings

AOA Practice Transitions: Strategies for Making Them Happen — AOA's comprehensive full-day course on the fundamentals of buying or selling an optometric practice — will be offered during three major optometric meetings during 2009.

Designed to provide both established practitioners and new optometry school graduates with the know-how necessary to successfully transition ownership and management of an optometric practice, the Practice Transitions program covers:

- ❖ Buyer/seller needs, wants and expectations
- ❖ The difference between "buying out" and "buying in"
- ❖ Financing and ownership options
- ❖ Planning and preparation techniques
- ❖ How to find a knowledgeable and reputable attorney

The program will be offered in conjunction with:

- ❖ The Southwest Council of Optometry (SWCO), Dallas, Texas, March 12;

Special packages including admission to both Practice Transitions and the SWCO are also available (one-day SWCO pass: AOA member -

\$325, non-member \$545; two-day SWCO pass: AOA member \$500, non-member \$720; full SWCO pass: AOA member - \$575; non-member \$820).

SWCO admission includes six to 20 hours of continuing education, luncheon with author-entertainer

Tom Sullivan,

exhibit hall, reception for optometry students, and a chance to win TelScreen digital photography equipment.

To register or for further information log onto the AOA Web site Practice Transitions page (www.aoa.org/practice-transitions.xml) or contact Practice Transitions staff person Stacey Liles at 314-983-4111 or smliles@aoa.org.

Designed to provide both established practitioners and new optometry school graduates with the know-how necessary to successfully transition ownership and management of an optometric practice

- ❖ The Mountain West Council of Optometry (MWCO), Las Vegas, April 22; and

- ❖ The 2009 Optometry's Meeting®, Washington, D.C., June 24.

Tuition for all three of this year's scheduled Practice Transitions courses will be just \$150 for AOA members (\$295 for non-members).

LVRS releases student education program schedule

The AOA Low Vision Rehabilitation Section (LVRS) Student Educational Awareness Program announced its schedule of school visits for the 2009 program year.

The program provides students the opportunity to meet experienced low vision rehabilitation practitioners and learn more about preparing for a future in low vision rehabilitation.

The Southern California College of Optometry welcomed the program on Jan. 21, 2009, and the Illinois College of Optometry welcomed the program on Jan. 22, 2009.

The University of Houston College of Optometry will host the program on Feb. 24, 2009, and

the Southern College of Optometry is scheduled for April 17, 2009.

In addition, nine other optometry schools and colleges are in the process of scheduling programs throughout the year. This program is generously supported by Optelec and ShopLowVision.com.

"I have found the program to be well received and believe it has shown optometry students the importance of providing low vision rehabilitation," said Jerry Davidoff, O.D., vice-chair of the LVRS Council.

The up to two-hour program includes a reception involving participants, students, and host faculty members, combined with a presentation on low vision rehabilita-

tion awareness, including motivational insights and practice management considerations. The program concludes with an opportunity for students to ask questions and interact with speakers.

All participating students are given the opportunity to sign up for a FREE one-year membership in the LVRS. The program also provides information about the AOA.

The program has connected with students at every optometric school in the United States, Puerto Rico, and Canada since its inception in 2004.

For more information about the Student Educational Awareness Program, contact LVRS Associate Director Mary Beth Rhomberg, O.D., at MBRhomberg@aoa.org.

Optometry Online

Do more than just read it online



AOA members have access to **Optometry** content on the Journal's dedicated website www.optometryjaoa.com. This full-text site offers a variety of features and functions, including:

- Searchable full-text versions of each article, with the ability to save searches
- Access to valuable archives
- Links from articles references to abstracts
- Ability to view related articles by topic or authors
- Searchable Medline database
- E-mail alert and personalization features
- Receive news of the top 25 articles downloaded

In addition, the Journal's website features a "Submit Your Manuscript" link that directs authors to the Elsevier Editorial System (EES) website (<http://ees.elsevier.com/optm/>) where authors will find information on author guidelines, submissions, and manuscript preparation.

Visit www.optometryjaoa.com
to begin using the website today!

Students' options unlimited at 2009 Optometry's Meeting®

The casual, relaxed atmosphere of Optometry's Meeting® is perfect for students to take advantage of continuing education, practice management pearls and networking opportunities with future employers, business partners and fellow students.

"I think the biggest benefit is the networking aspect of the meeting," said Ryan Parker, O.D., chair of the Optometry's Meeting® Student Program Committee. "A large amount of valuable information can be learned by talking with fellow students, ODs and industry representatives at this meeting. Another huge benefit is our top-quality continuing education. We have some great presenters lined up again this year covering some exciting topics. We are continuing our national boards review courses as well to help stu-

she takes the time to learn her audience before she performs—so many of her jokes were related to optometry and optometry school. The feedback we received from her last performance was amazing so we are excited to have her join us once again."

White combines motivational insights with sidesplitting humor to help audiences better manage their lives. Every student who has ever felt the stress of coursework, exams and impending employment will benefit from the presentation.

Allergan Travel Grant Scholarships will be presented during the AOSA Awards and General Session.

Two \$500 travel grants will be awarded per school, and the winners will be eligible to compete nationally for an additional \$1,000 for the top three winning essays on

school and college of optometry, are eligible to compete nationally for an additional \$1,000. The essay topic is "When do you prescribe contact lenses for children?"

The Vision Care Institute™, LLC, a Johnson & Johnson Company, is also sponsoring the AOSA education program.

For more information about the travel grants, contact AOSA Executive Director Marlene Burle at 314-983-4231 or e-mail mburle@theaosa.org. The deadline for submissions is April 1, 2009.

The tradition of the Varilux Optometry Student Bowl™, sponsored by Essilor, will continue Thursday evening from 7:30 p.m. to 10:30 p.m.

"Essilor has this program down to an art form," said Dr. Parker. "The excitement and competition is electrifying, and this is a must-see event for both students and ODs attending. The professionalism that goes into creating this program is evident, and I encourage everyone to come out and support their schools."

The fierce optometric competition consists of contestants representing schools and colleges of optometry vying for bragging rights, \$1,000 and a crystal trophy.

A reception with great food, drinks and camaraderie will follow the competition. Register for function #0170.

Essilor will award one student from each school of optometry \$1,000 for the best case report on patients fit with Varilux® lenses. Third and fourth-year students are eligible to enter and the overall national winner will win a trip for two to Optometry's Meeting®.

TLC Vision Travel Grant Scholarships will be presented at the TLC-sponsored lecture "Eye Want the Hook Up!" (#S242) on Friday from 3 p.m. to 4:30 p.m.

"This year TLC is bringing in a dueling piano bar to



University of California-Berkeley School of Optometry took home the 2008 Varilux Optometry Student Bowl™ trophy (shown below) with a win by Brian Snydsman.

the Gaylord National®," said Dr. Parker. "The night promises to be filled with wonderful food, drinks and outstanding music. In addition to a wonderful event and lecture, TLC is also giving away two \$1,500 travel grants this year. The students have to submit a video saying why TLC should choose them for the grant. This a great new innovative way to help fund travel expenses to the meeting."

Students can submit a two-minute video (three-minute maximum length) depicting why they should be chosen. The video should be innovative, creative and fun. Contact LaMia Jones, O.D., at mia.jones@tlcvision.com for an application, qualifications and guideline information. The deadline is April 1.

After attending the TLC-sponsored lecture on Friday afternoon, students are invited to the iConnect with TLC event.

The TLC student event features a funny, fast-paced, high-energy dueling piano show. Students can sing along to familiar songs with fellow optometry students for an



unforgettable evening. Register for code #0260 to get a ticket to attend.

Hoya Vision Care is offering third and fourth-year students the opportunity to win a \$1,000 grant, hotel and airfare to Optometry's Meeting®.

Students must submit a patient case study involving Hoya products to the judge at their school by April 1.

There will be one \$1,000 winner at each school, and one overall winner will receive an additional \$6,000 scholarship.

Hoya Vision Care is also sponsoring the attendance prizes given away at the student CE lectures.

Visit www.optometrys-meeting.org to register for the 2009 Optometry's Meeting®.



Students dance at the iConnect with TLC event at the 2008 Optometry's Meeting®. This year's event will feature a dueling piano show.

dents prepare for that series of exams."

As part of Optometry's Meeting®, the American Optometric Student Association (AOSA) Conference includes the AOSA Awards and General Session sponsored by VSP on Thursday, June 25 from 1 p.m. to 3 p.m.

Comedian Karyn Ruth White will help students laugh at the stressful aspects of optometry school in her keynote address.

"I have had the chance to see Karyn perform, and her show is extremely funny," said Dr. Parker. "The thing I was most impressed with was that

the topic "Dry eye: are over-the-counter artificial tears enough?"

Register for the Awards and General Session using event #S121.

Immediately following the session, the Vision Care Institute™, LLC, will present travel grants during the "Career Options Expo 2009: Show Me the Money" (#S131) on Thursday from 3 p.m. to 5 p.m. Students must be present to win.

The travel grants are designed to make travel to Optometry's Meeting® more affordable for students.

The winners, selected by faculty members from each



Contestants representing schools and colleges of optometry gear up for the 2008 Varilux Optometry Student Bowl™ sponsored by Essilor.

Enfoque Ixcán,

from page 13



Patients wait to be seen at a Catholic sisters' clinic in the town of Cantabal. Photo by L.E. Baskow



Fourth-year Pacific University College of Optometry student Nina Nemetz examines a patient during an Amigos Eye Care visit. Photo by L.E. Baskow

gone the surgery a year earlier. This allayed his fears of eye removal."

After discussing it with his family, de Jesus Garcia decided to have the surgeries.

Afterward, he was happy that he could harvest his beans and go to the market on his own and also to be able to see his children more clearly.

Dr. Pike recounts, "As Manuel started on his way to the market to sell his beans, he looked back with a grin and

said, 'I'll help correct the rumors about the doctors taking peoples' eyeballs out!'"

Dr. Pike will set out for Guatemala again on Feb. 6 for two weeks of training eye health promoters.

"Each day I am reminded of my good fortune living a middle-class life in the United States," said Dr. Pike. "Our neighbors in the Ixcán are not so fortunate. Most live without electricity, running water or modern sanitation in a remote

and ignored jungle region of Guatemala. Over the years, I've come to realize that an important difference between their lives and mine is opportunity. By improving their access to year-round affordable eye care we are able to improve the quality of their lives, their educational opportunities and their dignity and self-worth."

To learn more about the program, visit www.eiguatemala.org.



Dr. Rolando Cabrera, an optometrist from Guatemala City who works with Enfoque Ixcán, examines a child. Dr. Cabrera assists Dr. Pike with training the program's eye health promoters. Photo by L.E. Baskow

APHA's Vision Care Section seeks award nominations

The Vision Care Section (VCS) of the American Public Health Association (APHA) invites nominations for the Distinguished Service Award, the Outstanding Scientific Paper/Project Award, and the Outstanding Student Paper/Project Award.

The Distinguished Service Award: (sponsored in part by a grant from Vistakon). Established in 1981, the Distinguished Service Award is the highest honor the section can bestow and is presented to an individual, institution or group who has made an outstanding contribution or demonstrated continual high-quality service in the area of public health eye/vision care.

The Outstanding Scientific Paper (Project) Award: This award recognizes an individual, group, or institution that has con-

tributed significantly to the advancement of eye/vision care in the public health field. The contribution can be a paper either previously published or suitable for publication or a written description of a project. The paper/project should represent work within the last two or three years, though the project may have been continuous for a longer period.

The Outstanding Student Paper (Project) Award: This award recognizes a student or group of students who has contributed significantly to the advancement of eye/vision care in the public health field from the perspective of a student in optometry, medicine, public health, or related health profession programs. The contribution may be a paper previously published, suitable for publication, or a detailed written description of a project. The

paper or project must represent work that has occurred while the student(s) is/are enrolled in a professional program, although the award may be conferred after graduation. However, the award may not be granted more than 12 months post-graduation.

Awards recipients will be

honored during the next annual meeting of the APHA scheduled for Philadelphia, Pa., Nov. 7-11, 2009.

Nominations are requested by March 31, 2009, and should include a narrative statement of 250 words or less with each nomination along with a copy of paper/project to be consid-

ered.

Nominations should be sent by e-mail (preferred) as an attachment to Siu G. Wong, O.D., chair, APHA - VCS Awards Committee, 505-293-7347, nationof-wong@comcast.net.

If you wish to send by postal mail contact Dr. Wong for the address.



A view of the U.S. Capitol and surrounding Washington, D.C., area as illuminated at night.



MEETINGS

February

INDIANA OPTOMETRIC ASSOCIATION OCULAR PHARMACOLOGY SEMINAR
February 18, 2009
Ritz Charles Conference Center,
Carmel, Indiana 317/237-3560
www.ioa.org

25TH ANNUAL PALM BEACH WINTER SEMINAR
Palm Beach County Optometric Association, February 20-22, 2009
PGA National Resort & Spa,
George Schmidt, PBCOA President
561/622-8200
Palm Beach Gardens, Florida
www.pbcoa.org

PENNSYLVANIA OPTOMETRIC ASSOCIATION INTERPROFESSIONAL MANAGEMENT OF YOUR DIABETIC PATIENTS
February 22, 2009
Hotel Hershey, Hershey, Pennsylvania
Ilene Sauertieg
llene@poaeyes.org
www.poaeyes.org

EYE SKI UTAH
23rd Annual Eyeski Conference
February 22-27, 2009
Park City, Utah
Tim Kime, O.D. 419/475-6181
tandbkime@buckeye-express.com
kkeyes@buckeye-express.com
www.eyeskiutah.com

MONTANA OPTOMETRIC ASSOCIATION BIG SKY SKI CONFERENCE
February 26-28, 2009
Huntley Lodge – Big Sky Resort, Big Sky, Montana
Sue Weingartner 406/443-1160
FAX: 406/443-4614
sweingartner@rmsmanagement.com
www.mteyes.com

March

ALLEGANY OPTICAL/NATIONAL OPTOMETRY
March 1, 2009
Hagerstown Community College,
Hagerstown, MD
301/790-2800
www.hagerstowncc.edu/coned/seminars

SACRAMENTO VALLEY OPTOMETRIC SOCIETY
21st Annual Ocular Symposium
March 1, 2009
Marriott Sacramento Rancho
Cordova Hotel jerrysue@svos.info
www.svos.info

OPTOMETRIC EXTENSION PROGRAM
GREAT LAKES CONGRESS
March 1-2, 2009
Theresa Krejci
800 447 0370

SECO INTERNATIONAL
SECO International 2009
March 4-8, 2009
Georgia World Congress Center,
Atlanta, GA
www.seco2009.com

BRITISH COLUMBIA ASSOCIATION OF OPTOMETRISTS CONTINUING EDUCATION SEMINARS AND OPTOFAR
March 13-16, 2009
Pan Pacific Hotel and Vancouver Convention & Exhibition Centre
Vancouver, British Columbia,
Canada 604/737-9907
info@optometrists.bc.ca
www.optometrists.bc.ca

OPTOMETRIC EXTENSION PROGRAM
18TH ANNUAL NORA MULTI-DISCIPLINARY CONFERENCE
March 14-15, 2009
Benson Hotel, Portland, Oregon
Bob Williams
949/250-8070

TROPICAL CE AUSTRALIA
March 14-28, 2009
The Sebel Pier One – Sydney
Ayers Rock Resort – Uluru
The Outback Seat Temple (Gateway to the Great Barrier Reef), Australia
Stuart Autry 281/808-5763
www.TropicalCE.com

OPTOMETRIC EXTENSION PROGRAM
VT/VISUAL DYSFUNCTIONS
March 19-23, 2009
Baltimore, Maryland
Theresa Krejci
800 447 0370

OPTOMETRIC EXTENSION PROGRAM
THE ART & SCIENCE OF OPTOMETRIC CARE—A BEHAVIORAL PERSPECTIVE
March 19-23, 2009
Pomona, California
Theresa Krejci
800 447 0370

ASPEN-SNOWMASS VISION RETREAT March 21-23, 2009
Timberline Lodge and Condominiums, Snowmass Village,
Colorado, Dr. Steve Cantrell
314/351-3499
eyeski@integrity.com
www.eyeski.com

THE WILMER EYE INSTITUTE AND THE MARYLAND OPTOMETRIC ASSOCIATION
Evidence-Based Care in Keratoconus, Ophthalmic Nutraceuticals, and Low Vision
March 22, 2009
The Johns Hopkins Medical Campus,
Tilghman Auditorium, Baltimore,
Rebecca Scarborough
410/583-2843
emyrowitz@jhmi.edu
www.marylandeyes.org/2009wilmer.htm

INTERNATIONAL VISION EXPO EAST, March 26-29, New York,
www.visionexpoeast.com

NEBRASKA OPTOMETRIC ASSOCIATION SPRING CONFERENCE
March 27-29, 2009
Embassy Suites, Lincoln, Nebraska
402/474-7716
noa@assocoffice.net
www.noaonline.org

April

OPTOWEST 2009
April 2-5, 2009
Hyatt Grand Champions Resort,
Villas and Spas, Indian Wells, Calif.
Corrie Pelc
800/877-5738 ext. 237
FAX: 916/9/448-1423
cpelc@coavision.org
coavision.org

KANSAS OPTOMETRIC ASSOCIATION ANNUAL CONVENTION
April 16-18, 2009
Sheraton Hotel, Overland Park
785/232-0225
info@kansasoptometric.org
www.kansasoptometric.org

OPTOMETRIC EXTENSION PROGRAM FOUNDATION
2009 California Regional Vision Therapists' Forum
April 17-18, 2009
Crowne Plaza-Mission Valley,
San Diego, California
Lyna Dyson, COVT 858/748-6210
FAX: 858/748-6224
visionhlp@juno.com

WEST FLORIDA OPTOMETRIC ASSOCIATION SPRING SEMINAR
April 17-19, 2009
SanDestin Hilton Beach Resort,
Tom Streeter 850/279-4361
www.wfoameeting.com

INDIANA OPTOMETRIC ASSOCIATION 112TH ANNUAL CONVENTION April 17-19, 2009
French Lick and West Baden Springs Hotels, French Lick, Indiana
317/237-3560 www.ioa.org

OPTOMETRIC EXTENSION PROGRAM SOUTHERN CALIFORNIA VISION THERAPIST FORUM April 17-18, 2009
Handlery Hotel, San Diego,
California (Mission Bay)

OPTOMETRIC EXTENSION PROGRAM ROBERT WOLD SOUTHERN CALIFORNIA BEHAVIORAL VISION SEMINAR
April 19-20, 2009
Handlery Hotel, San Diego, CA
Theresa Krejci
800 447 0370

BINOCULAR VISION & PEDIATRICS FORUM AND THE CHILDREN'S LEARNING FORUM
April 23-24, 2009
Holiday Inn on the Lane,
Columbus, Ohio
614/688-3336
Kulp.6@osu.edu
www.optometry.osu.edu

ARKANSAS OPTOMETRIC ASSOCIATION 2009 SPRING CONVENTION
April 23-25, 2009
The Peabody Hotel, Little Rock, AR
Vicki Farmer 501/661-7675
FAX: 501/373-0233
aropt@swbell.net
www.arkansasoptometric.org

MOUNTAIN WEST COUNCIL OF OPTOMETRISTS ANNUAL MEETING April 23-25, 2009
Las Vegas, Nevada
Tracy Abel 888/376-6926 or
503/436-0798
FAX: 503/436-0612
tracyabel@earthlink.net
www.mwco.org

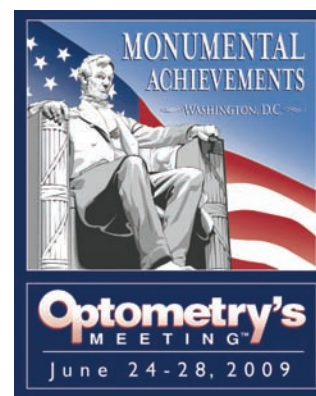
KENTUCKY OPTOMETRIC ASSOCIATION 107TH ANNUAL SPRING CONGRESS April 23-26, 2009
Hyatt Regency Hotel, Louisville,
Kentucky Sarah A. Jones
502/875-3516
FAX: 502/875-3782
sarah@kyeyes.org
www.kyeyes.org

OPTOMETRIC EXTENSION PROGRAM
VT/STRABISMUS & AMBLYOPIA
April 23-26, 2009
Ft. Lauderdale, Florida
Theresa Krejci
800 447 0370

UNIVERSITY OF CALIFORNIA, BERKELEY, SCHOOL OF OPTOMETRY 24TH ANNUAL MORGAN/SARVER SYMPOSIUM
April 24-26, 2009
DoubleTree Hotel, Berkeley Marina,
Berkeley, Calif. Nyla Marnay
510/642-6547
FAX: 510/642-0279
optoce@berkeley.edu
http://optometry.berkeley.edu

NEW JERSEY CHAPTER OF THE ACADEMY April 29-May 3, 2009
Kingston Plantation, Myrtle Beach,
South Carolina Dennis Lyons, O.D.
732/920-0110
Dhl2020@aol.com

COLLEGE OF SYNTONIC OPTOMETRY 77TH INTERNATIONAL CONFERENCE ON LIGHT AND VISION
April 28-May 2, 2009
Niagara Falls, Ontario, Canada
Ron Wahlmeier



866/486-0190
FAX: 719/486-0190
syntonics@bresnan.net

May

FLORIDA CHAPTER OF THE AMERICAN ACADEMY OF OPTOMETRY EDUCATIONAL MEETING 2009
May 1-2, 2009
Mission Inn, Howey-in-the-Hills,
Florida
Dr. Arthur T. Young
239/245-7494
FAX: 239/574-1374
Eyeguy4123@msn.com

PENNSYLVANIA OPTOMETRIC ASSOCIATION POA SPRING CONFERENCE
May 1-3, 2009
Skytop lodge, Skytop, Pennsylvania
Ilene Sauertieg
llene@poaeyes.org
www.poaeyes.org

NEW MEXICO OPTOMETRIC ASSOCIATION 2009 ANNUAL CONVENTION
May 14-17, 2009
Embassy Suites Hotel
Albuquerque, NM
Richard Montoya 575/751-7242
fleece@laplaza.org

OPTOMETRIC EXTENSION PROGRAM 2009 EASTERN STATES CONFERENCE May 16-17, 2009
Crowne Plaza, White Plains,
New York Stuart Rothman, O.D.
SMROD@aol.com

OPTOMETRIC EXTENSION PROGRAM ACQUIRED BRAIN INJURY/TRAUMATIC BRAIN INJURY (ABI/TBI) (OEP Clinical Curriculum)
May 16-18, 2009
Baltimore, Maryland
Theresa Krejci
800/447-0370

BRITISH CONTACT LENS ASSOCIATION 2009 CLINICAL CONFERENCE AND EXHIBITION
May 28-31, 2009
Manchester, United Kingdom
+44 (0)20 7580 6661
FAX: +44 (0)20 7580 6669
conf@bcla.org.uk

**To submit an item
for the meetings calendar,
send a note to
eventcalendar@aoa.org**



Advanced Medical Optics

Alcon

Allergan

Bausch & Lomb

CIBA Vision Corporation

CooperVision

Essilor of America

Eyemaginations

HOYA Vision Care

Johnson & Johnson Vision Care, Inc

Kemin Health

Luxottica Group

Marchon Eyewear

Optos

Shamir

TLC Vision Corporation

Transitions Optical

VSP Vision Care

VisionWeb

Industry Profile
is a regular feature
in AOA News
allowing participants
of the
Ophthalmic Council SM
to express themselves
on issues and products
they consider
important
to the members
of the AOA.

Industry Profile: Alcon Bringing Quality Eye Care to People Around the Globe

At Alcon, we are dedicated to helping the world see better and have made it our mission for more than 60 years to discover, develop, produce and market high-quality eye care products that preserve, restore and enhance sight. With products available in more than 180 countries, Alcon is committed to serving the world's eye care needs with a broad portfolio that includes market-leading surgical, pharmaceutical and consumer vision care products. Our products are dedicated to therapeutic areas that treat diseases and conditions of the eye such as cataracts, retinal diseases and complications, glaucoma, infection and inflammation, allergies and dry eye in patients across the globe.

We continue to expand our presence globally by entering emerging markets and working with eye care professionals there to help them provide the very best care to their patients. By supporting training facilities all over the world, we provide the education necessary to train health care professionals in areas where the need for vision therapy is so great. In addition, Alcon hosts educational events throughout the world intended to keep eye care professionals abreast of the latest technology and treatments in eye health care.

At Alcon research facilities, close to 1,500 employees are working on the next generation of products that will treat sight-threatening diseases. Collaboration with other research organizations, academic institutions and eye care professionals creates a flow of information and



open dialogue that enables us to identify, research and develop products that address unmet needs. Over the next five years, Alcon plans to invest about \$4 billion in research and development.

Alcon has operations in 75 countries where employees work in areas like research and development, marketing and manufacturing. Our sales and technical service professionals can be found around the world. Clinical

and regulatory teams positioned in more than 40 countries work to make sure products are available everywhere there is a need. With unsurpassed global infrastructure, we stand ready to meet the needs of eye care professionals and patients around the globe.



CooperVision gets FDA approval for Biofinity extended wear

CooperVision announced Food & Drug Administration (FDA) approval of its Biofinity® silicone hydrogel contact lenses for extended wear in the United States, providing indication for overnight wear for up to six nights and seven days.

The extended-wear approval is effective immediately and applies to all Biofinity monthly replacement lenses currently available.

Designed with Aquaform™ technology, Biofinity monthly replacement lenses are made with a unique, naturally wettable lens material that offers high water content, a low modulus, and high oxygen transmissibility.

Practitioners can now fit their patients with Biofinity, used on an extended wear basis, using lenses from their existing Biofinity fitting sets, without the need for new trial lenses.

"Aquaform technology creates a naturally wettable lens material without the need for wetting agents or surface treatments," said James Gardner, director of marketing, CooperVision. "With a high Dk/t of 160 and the FDA approval for extended wear, practitioners can now offer a very high oxygen silicone hydrogel lens, which is almost 50 percent softer than the highest Dk silicone hydrogel lens currently available."

Additionally, Aquaform technology incorporates longer-chain siloxane molecules, thus requiring less siloxane to be incorporated into the lens material and aiding in oxygen transmissibility.

This optimizes the relationship between oxygen and water, creating a more flexible lens material that stays moist and comfortable throughout the day.

The aspheric front surface lens design improves visual performance, and the single base curve and back surface design enable fast, easy alignment and a quicker fitting process.

Advanced aspheric optics minimize spherical aberrations and enhance visual clarity.

In addition, a patented molded round edge reduces conjunctival interaction—resulting in continuous wearing comfort for the patient.

"Since its availability last summer, Biofinity has become a first choice lens to many eye care practitioners looking to fit their patients with the latest silicone hydrogel lens technology," said Gardner.

Biofinity lenses are manufactured with a third-generation silicone hydrogel material, comfilcon A. The water content of Biofinity is 48 percent, Dk is 128, and Dk/t is 160. The lens also features a base curve of 8.6mm, a diameter of 14.0mm, and is available in a sphere power range of +8.00D to -12.00D.





Abbott to acquire AMO in \$2.8 billion deal

Abbott announced a definitive agreement to acquire Advanced Medical Optics (AMO) for \$22 per share in cash, for a total transaction value of approximately \$2.8 billion, which includes estimated net debt at the time of closing.

Globally, AMO holds the No. 1 position in LASIK surgical devices, the No. 2 position in the cataract surgical device market and the No. 3 position in contact lens care products.

"Through superior vision care technologies and service, AMO has established itself as a leader in this multibillion-dollar medical device segment," said Miles D. White, chair and chief executive officer, Abbott. "With AMO, Abbott is enhancing and strengthening its diverse mix

of medical device businesses and gaining a leadership position in another large and growing segment.

Additionally, Abbott's significant global presence will help drive growth opportunities for this business, especially in international markets, where favorable demographics are driving demand for advanced eye care procedures and products."

"This transaction underscores the fundamental value of the AMO franchise, the talent and expertise of our global team, and the strength of our product offering, pipeline and strategy to provide refractive vision care for people of all ages," said Jim Mazzo, chairman and chief executive officer, AMO, who will be remaining with Abbott as

president of AMO. "Joining forces with Abbott will fortify our position as a global ophthalmic medical device leader and enhance our ability to serve eye care practitioners and patients around the world."

Expected growth

Population growth and demographic shifts are increasing demand for advanced vision care technologies across all geographies and age groups.

For example, about 60 percent of people older than 60 have cataracts, which are the leading cause of vision loss among this age group. It is estimated that 700 million people globally are 60 years or older, and that number is

expected to grow to 1 billion over the next decade.

"With AMO, Abbott will immediately become a global leader in vision," said John M. Capek, executive vice president, Medical Devices, Abbott. "The business is poised for long-term growth, driven by advances in refractive surgery technologies, including LASIK, and an aging global population."

Financial terms

Under the terms of the agreement, Abbott will com-

mence a tender offer to purchase all outstanding shares of AMO at \$22 per share.

The estimated \$2.8 billion value of the transaction is based on AMO's approximately 62 million fully diluted shares outstanding, plus estimated net debt at the time of closing. Both the AMO and Abbott boards of directors have approved the transaction.

Abbott and AMO expect the transaction to close in the first quarter of 2009.

For more information, visit www.amo-inc.com.

VSP launches specialized eye care program for diabetic members

VSP® Vision Care announced the launch of its Diabetic Eyecare Program, which provides specialized eye care services for members with Type 1 diabetes.

Those living with Type 1 diabetes are at increased risk for diabetic eye disease,

which is the leading cause of blindness among adults.

The Diabetic Eyecare Program will enhance coverage for Type 1 diabetic members' routine vision care, offering additional services that play an important role in the prevention, early detection, and management of

related eye diseases, such as diabetic retinopathy.

Early detection of diabetic retinopathy allows for more aggressive and effective treatment, reducing the chances of vision impairment or blindness.

"VSP is excited to launch the Diabetic Eyecare Program, which will provide our members with Type 1 diabetes with the services they need to proactively monitor the impact of diabetes on their vision," said VSP Vision Care President Gary Brooks. "The Diabetic Eyecare Program is a great complement to our Eye Health Management program and helps support our commitment to the overall health and well-being of our members."

The Diabetic Eyecare Program for members with Type 1 diabetes who participate in VSP's Signature Plan went into effect on Jan. 1, 2009.

For more information, visit www.vsp.com.



Visible blue light can result in long-term eye damage, including macular degeneration. Sunglasses with UV and blue light filters, such as those from Silhouette, protect the eyes from powerful sun rays. Shown is Silhouette style Harmonia 8100. www.silhouette.com

Jee Vice unveils first prescription frames

Jee Vice, known for its high-end collection of sunwear, will ship its first collection of prescription frames in early 2009.

With the current success of the sunglasses collection, Jee Vice believes this is the right time to grow the brand into other areas of the market.

"It was always our intention to release an Rx line to broaden our presence in the optical market," said Tim Stacey, Jee Vice chief financial officer. "As a result, we hope to double our reach in the next year."

When first laying the foundation for this new venture, founder and designer Philippe Vergez sought to create a collection of frames that echoed the same philosophies found in Jee Vice's sunwear line.

The exceptional fit, quality and innovative designs are also seen throughout the new line.

The chic frames are hand-designed for women and are handmade in Italian acetate, titanium or stainless steel. The new prescription line includes 13 styles presented in three collections – Desire, Hollywood and Vintage Revisited.

The Rx line will be released and distributed worldwide. The suggested retail prices will range from \$225 to \$380.



Actress Anne Hathaway is shown in Jee Vice Red Hot frames.



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OPTOMETRY

Geisinger Health System seeks a licensed optometrist to join its growing practice at Geisinger Wyoming Valley Medical Center, Wilkes-Barre, PA.

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- Residency training in ocular disease preferred
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- Assist with inpatient consults, with the primary responsibility of covering hospital consults
- Opportunity to work with collegial staff and create new programs
- Growing department now features Pachymetry, OCT, Fundus Photography, HVF and offers Fluorescein Angiography, with in-house eyewear/contact lens department

For more information, please contact Autum Kline, Physician Recruiter, at 1-800-845-7112, email: aumkline@geisinger.edu or visit www.Join-Geisinger.org/589/Optometry

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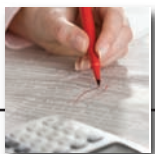
SouthEast Eye Specialists, an optometric referral center in Chattanooga, Tennessee, is accepting applications for an Optometric Resident in Ocular Disease for the 2009-2010 academic year. The 13-month residency will have a strong emphasis in ocular disease and surgery. The resident will work closely with seven faculty physicians which includes optometrists and ophthalmologists with subspecialties in cornea, refractive, glaucoma, pediatrics, and oculoplastics.

Requirements for the optometric resident position are Doctor of Optometry degree from an ACOE accredited school or college of optometry, successful completion of the basic and clinical science parts of the National Board of Examiners of Optometry, and a state of Tennessee Optometry License. Resident will work approximately 40 hours per week Monday - Friday. Salary for this non-accredited residency is \$41,000 plus benefits.

Interested applicants should submit a letter of interest by March 1st to:

Daryl F. Mann, O.D.
 SouthEast Eye Specialists
 7268 Jarnigan Rd., Suite 200
 Chattanooga, TN 37421

Deadline for completed applications is March 31st.
 For further information contact Judy Hooton at 423-508-7337 ext. 204 or email her at jhooton@southeasteye.com



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Grand Junction, CO—Exceptional opportunity on Colorado's Western Slope. Large Practice seeking a FT associate Doctor. Excellent salary and benefits package. Contact: 303-725-1988. Tsowash@yahoo.com

Littleton, Colorado

\$300K annual gross sales with part-time doctor, this long standing and well-established practice with significant medical cases, is located in a pleasant residential area. It is visible and located on a busy street. There is significant potential for growth. If interested, contact Dan Zearth at (303) 468-0432.

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How would you like to donate your outdated equipment to a worthy cause and receive a tax deduction at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC (International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life.

Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (www.vosh.org) and click on Technology Transfer Program. Information about IMEC is available at www.imecamerica.

The most desirable items that programs in developing countries need are: Trial lens kits, battery powered hand scopes, assorted pliers and optical tools, hand stones for edging glass lenses, uncut lenses (both SV and BF), manual lensometers, phoropters, lens clocks, color vision tests, keratometers and biomicroscopes.

This list is certainly not complete but gives an idea of some of the basic needs these developing programs can benefit from. All items may be shipped directly to:

VOSH INTERNATIONAL
C/O IMEC
1600 Osgood Street
North Andover, Mass. 01845

Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact www.vosh.org with any questions or email jforrey@comcast.net and voshinternational@comcast.net.

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Effective the October 9, 2006 issue onwards, Classified advertising rates are as follows: 1 column inch = \$60 (40 words maximum) 2 column inches = \$110 (80 words maximum) 3 column inches = \$150 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is \$30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at k.spurlock@elsevier.com attention Keida Spurlock, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a “personal” nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Keida Spurlock – Elsevier ad sales contact – at 212.633.3986 for advertising rates for all classifieds and showcase ads.

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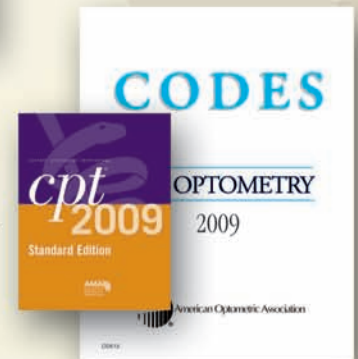
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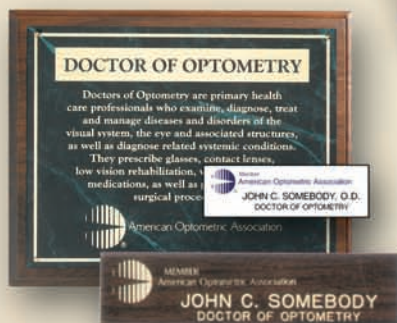
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A flow chart of responses for typical emergencies that can occur in school or sports settings.

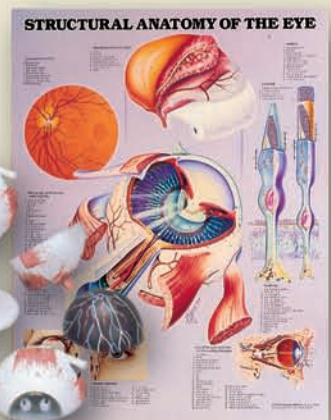
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